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March 11, 2008

The Honorable Pete Geren
Secretary of the Army
Department of the Army
110 Army Pentagon
Washington DC, 20310-0110

The Honorable James Peake
Secretary of Veterans Affairs
Department of Veterans' Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Secretary Geren and Secretary Peake:

I am writing to call your attention to an opportunity for the Department of the Army and the Department of Veterans Affairs (VA) to improve the coordination of care for veterans and wounded soldiers by locating a VA clinic at Fort Carson, Colorado.

The VA currently operates a community-based outpatient clinic (CBOC) in a leased building in downtown Colorado Springs. Because this facility is not large enough to meet the rising demand for VA health care services in the Pikes Peak region, and because the VA's lease on the facility will expire in 2010, VA officials have begun to search for an alternate site that can house all VA health care personnel and services for the area.

It is my understanding that the leadership of Fort Carson has had conversations with the leadership of the VA's Veterans Integrated Service Network (VISN) 19 about the possibility of relocating the VA clinic to Fort Carson. I appreciate the initiative they have taken and encourage continued discussions of this concept.

The construction of a VA health care clinic at Fort Carson would offer two primary advantages. First, it would help deliver the "seamless transition" of care that soldiers should be receiving as they separate from the Army. Like other installations with units that have been repeatedly deployed to Iraq and Afghanistan since 2003, Fort Carson is treating high numbers of soldiers who have sustained injuries in conflict, including Traumatic Brain Injuries (TBI), and Post Traumatic Stress Disorder (PTSD). Many of these soldiers are treated at Evans Army Community Hospital and, as they recover, are assigned to Fort Carson's recently-established Warrior Transition Unit. A subset of these wounded soldiers separate from the Army and need continued medical treatment from the VA. VA resources at Fort Carson, however, are scarce. Newly discharged soldiers seeking VA care must travel to the downtown CBOC. It would be far more practical and efficient if they were able to get the same care at a VA facility at Fort Carson.

Second, opening a VA clinic at Fort Carson would create opportunities for increased partnerships and resource sharing between the VA and the Army. Several recent reports have concluded that the Department of Defense and the VA should improve their coordination of health care for

wounded soldiers and veterans. To this end, in 2007 Congress passed milestone Wounded Warrior legislation and allocated significant new resources to assist with information sharing and coordination between the two agencies. In addition, the VA and DOD already have broad authority under the Defense Health Resources Sharing and Emergency Operations Act of 1982 (the 'Sharing Act') to enter sharing agreements for the provision of health care. A July 2004 GAO Report concluded that these agreements between the VA and DOD result in benefits for servicemembers, veterans, and taxpayers. The success of existing VA-DOD health care partnerships around the country indicates that placing a VA clinic at Fort Carson may result in improved access, higher quality of care, and cost-savings.

As the Army and VA continue to discuss this concept, I encourage both departments to be flexible in their planning. The arrival of a fifth brigade to Fort Carson, for example, may provide an opportunity to co-locate a new Army medical clinic with a new VA medical clinic. If this is the case, I would ask that the Army and the VA work together to modify existing plans to best accommodate the needs of service members, veterans, and VA and Army medical staff.

Again, I want thank the leadership of Fort Carson and VA staff for their initiative in exploring the possibility of locating a VA clinic at Fort Carson. I encourage their continued work together and stand ready to assist in any way possible.

Thank you for your attention to this issue and for your service to our country.

Sincerely,

A handwritten signature in dark ink, reading "Ken Salazar". The signature is fluid and cursive, with the first name "Ken" and last name "Salazar" clearly distinguishable.

Ken Salazar
United States Senator